

**UNITED STATES BORDER PATROL
IMPLEMENTATION PLAN
ENHANCED MEDICAL SUPPORT EFFORTS**

I. BACKGROUND

United States Customs and Border Protection (CBP) adheres to the Transport, Escort, Detention, and Search (TEDS) standards, and other applicable or superseding policies, standards, and regulations regarding medical support for persons in custody. CBP Directive #2210-004 provides direction regarding Enhanced Medical Support for persons in custody along the southwest border (SWB). This Implementation Plan provides additional implementing detail regarding United States Border Patrol's (USBP) approach to enhanced medical support along the SWB.

This Implementation Plan includes a high-level Concept of Operations (CONOPS) with accompanying detailed Standard Operating Procedure (SOP) Annexes. SOPs/Annexes may be added or modified without invalidating this Implementation Plan. Additional protocols may be developed to support this Plan and the associated SOPs.

II. APPLICABILITY

This Implementation Plan applies to USBP facilities that conduct short-term holding of persons in custody and to the personnel engaged with them along the SWB, subject to operational considerations and the availability of required resources.

III. CONCEPT OF OPERATIONS

A. USBP OPERATIONAL PERSPECTIVE

1. USBP is a law enforcement organization responsible for homeland security, which includes the deterrence, detection, apprehension, processing and short-term holding of persons interdicted between the ports of entry of the United States.
2. USBP is committed to enhancing medical support along the SWB for the appropriate care and custody of those in USBP facilities.
3. USBP's goal is to expedite transfer of persons in custody to ICE or HHS as appropriate, or to otherwise transfer or release persons from USBP custody, as expeditiously as possible. See 8 U.S.C. § 1232(b)(3).
 - i. This goal informs CBP's approach to medical support.
 - ii. From a medical perspective, the optimal approach is to expedite transfer of persons from CBP custody (with limited medical support capabilities) to HHS or ICE custody (with robust, detention-level medical support capabilities) or into a broader community with additional medical support capabilities.

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4. USBP facilities are not designed with medical capabilities to conduct longer-term detention. USBP's partner organizations, including U.S. Immigration and Customs Enforcement (ICE) and the Department of Health and Human Services (HHS) are intended to conduct longer-term detention, with more robust, detention-level medical support capabilities.

B. POLICY, AUTHORITIES, AND STANDARDS

1. USBP shall adhere to relevant and current or superseding policies, authorities, and standards regarding medical support for persons in custody including:
 - i. TEDS Standards;
 - ii. CBP Enhanced Medical Support Directive;
 - iii. Other relevant Department of Homeland Security (DHS)/CBP medical directives and policies; and
 - iv. Applicable legal authorities, including statutory requirements (e.g. Homeland Security Act, Immigration and Nationality Act, and Trafficking Victims Protection Reauthorization Act), and all applicable court orders and consent decrees.

C. COMMAND AND CONTROL

1. The Chief of the USBP shall have responsibility for overall direction, management, and oversight of USBP medical support efforts in accordance with any policy guidance from the CBP Office of the Commissioner.
2. USBP Special Operations Headquarters (SOH) shall have responsibility for coordination of USBP medical support efforts.
3. USBP Sector Chief Patrol Agents shall have responsibility for direction of USBP medical support efforts within their respective sectors.
4. CBP Chief Medical Officer (CMO) shall provide medical direction and oversight for USBP medical support efforts.
5. The CBP CMO shall be responsible for coordinating with the DHS CMO to ensure alignment with departmental requirements and policies, in accordance with the DHS CMO's role to provide operational medical support under Public Law 115-387 of December 21, 2018, the "Countering Weapons of Mass Destruction Act of 2018", which amends the Homeland Security Act of 2002 ((6 U.S.C. 591 et seq.), as delineated in Section 1931."

D. MEDICAL SUPPORT GOALS

1. USBP enhanced medical support shall:
 - i. Align with the USBP operational law enforcement mission;

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- ii. Function as a front-line element of a broader network of medical care – including local health systems, ICE, and HHS;
- iii. Limit harm by providing appropriate access to medical care for persons in custody;
- iv. Promote CBP workforce health.

E. MEDICAL SUPPORT APPROACH

1. USBP recognizes its critical role in medical support, consistent with its law enforcement mission, as a front-line element of a broader network of medical support.
2. USBP shall rely heavily on referral to local health systems (and local standards of care). Additionally, USBP will rely on transfer to partners at ICE and HHS that have been designed and funded with more robust medical capabilities.
 - i. USBP shall utilize a layered approach to medical support, with no single point of failure.
 - ii. Agents recognize and respond to signs/symptoms of injury, illness, or infection.
 - iii. USBP shall promptly activate the 911 system or refer persons in custody to the local health system whenever appropriate for evaluation and treatment.
 - iv. USBP shall ensure the conduct of health intake interviews and medical assessments as directed by the Enhanced Medical Directive (CBP Directive 2210-004). (SOP II)
 - v. USBP shall have contracted medical support personnel at medical priority facilities along the SWB. (SOP I)
 - vi. Contracted medical support capabilities shall include:
 - initial medical assessment;
 - diagnosis;
 - treatment of basic medical conditions;
 - medical referral for complex or urgent conditions;
 - follow-up care while in CBP custody;
 - public health/infectious disease management (PH/ID); and
 - medical summaries prior to travel, transfer, or release, as appropriate.

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- vii. USBP shall have a low threshold for timely referral of persons in custody with complex or urgent medical issues to the local health system.
- viii. USBP shall coordinate and collaborate with a broad network of medical support stakeholders.
- ix. The CBP CMO shall provide medical direction and oversight of USBP medical support efforts on an ongoing basis.
- x. USBP, in coordination with the CBP CMO, shall support a robust and responsive CBP Medical Quality Management (MQM) program for the enhanced medical support efforts in this plan. (SOP VII)
- xi. USBP shall coordinate with and request assistance from other relevant stakeholders, such as DHS, ICE, HHS, the Centers for Disease Control and Prevention (CDC), and state/local health officials, as appropriate, for additional medical support.
- xii. In particular, USBP shall coordinate closely with ICE and HHS regarding transfer of persons in custody with medical issues identified, to include infectious diseases, mental health issues, and acute or chronic medical conditions.

F. ANNEXES: ENHANCED MEDICAL SUPPORT STANDARD OPERATING PROCEDURES (SOPs)

SOP I: Enhanced Medical Support: USBP shall determine medical priority locations and establish contracted medical support

SOP II: Enhanced Medical Support Process: USBP shall design and execute enhanced medical support processes

SOP III: Medical Support for Juveniles: USBP shall emphasize appropriate medical support for juveniles in custody.

SOP IV: Identification and Notification of Medical Issues: USBP shall develop and implement procedures for identification and notification of medical issues.

SOP V: Enhanced Medical Monitoring: USBP shall develop and implement procedures for enhanced medical monitoring.

SOP VI: Medication Review: USBP shall develop and implement procedures for medication review.

SOP VII: Medical Quality Management (MQM): USBP shall support CBP MQM program efforts.

SOP VIII: Public Health (PH)/Infectious Disease (ID) Management: USBP shall ensure appropriate consideration of PH/ID issues in its medical support efforts.

SOP IX: USBP shall ensure appropriate medical documentation, data management, reporting, communication, coordination, and continuity of care.

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SOP X: Surge and Crisis Level Medical Support: USBP shall develop and implement processes for surge and crisis level medical support

SOP XI: Medical Monitoring, Compliance, and Review: USBP shall ensure appropriate monitoring, compliance, and review of USBP medical support efforts.

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ENHANCED MEDICAL SUPPORT IMPLEMENTATION PLAN STANDARD OPERATING PROCEDURE ANNEXES

I. ENHANCED MEDICAL SUPPORT – Medical Priority Facilities and Medical Support Contract

A. CBP MEDICAL PRIORITY FACILITIES

1. USBP SOH shall work with USBP Sectors and the CBP CMO to identify medical priority facilities using operational risk management methodology for enhanced medical support along the southwest border.
 - i. While defining specific operational risk management criteria for medical priority facilities will depend on a number of variables, essential considerations include:
 - a. volume (number of persons apprehended/in custody);
 - b. demographics (priority emphasis on juveniles, UACs, family units);
 - c. duration of time in custody;
 - d. remoteness and availability of local medical care.
 - ii. The designation of medical priority facilities will be dependent on specific operational circumstances in the border environment, as determined in consultation with Sector leadership, USBP SOH, and CBP CMO.
 - iii. Medical priority facilities will have contracted medical support personnel onsite to facilitate enhanced medical support efforts outlined in this plan.

B. MEDICAL SUPPORT CONTRACT

1. USBP SOH shall develop, fund, and manage a Medical Support Contract to facilitate CBP's enhanced medical support efforts.
 - i. A national level USBP Medical Services Contract Officer Representative (COR) shall be designated to provide technical administration of the contract and ensure proper U.S. Government (USG) surveillance of the contractor's performance. Additionally, each USBP sector with medical services shall assign a Medical Services Contract Task Order Monitor (TOM) to provide technical administration and surveillance of contractor performance at the regional component level.
 - ii. The contract shall include personnel and resource requirements necessary to facilitate USBP medical support efforts and service delivery at designated medical priority facilities.

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- iii. The contract shall include medical providers licensed and credentialed to provide assessment, treatment, and referral for the population in custody, including juveniles, pregnant women, and adults.
- iv. The contract's Statement of Work (SOW) shall include appropriate administrative, professional oversight, program management, reporting, and MQM requirements.
- v. CBP CMO shall provide medical direction and medical oversight of the contract.
- vi. DHS CMO may review USBP medical support contracts.
- vii. On an annual basis, USBP shall estimate medical support contract budgetary and other medical support requirements, and provide this information to CBP leadership and CBP Office of Finance to inform appropriate CBP and DHS budget formulation planning action.

II. ENHANCED MEDICAL SUPPORT PROCESS

A. AGENT OBSERVATION/PATIENT SELF-REPORTING

- 1. USBP agents observe, recognize, and respond to signs/symptoms of injury, illness, or infection. Observed or reported injuries or illnesses will be communicated to a supervisor, documented in the e3 system or another approved system of record, and appropriate medical care should be provided or sought in a timely manner.
- 2. USBP agents shall promptly activate the 911 system or refer persons in custody to the local health system for urgent or emergent medical issues.
- 3. Agents shall notify persons in custody that they have a right to medical treatment, and encourage individuals in custody to self-refer or to refer family members or companions for medical care.

B. HEALTH INTAKE INTERVIEWS

- 1. USBP shall conduct a health intake interview on, at a minimum, all juveniles in custody upon initial arrival at a short-term holding facility.
- 2. USBP shall use the *Alien Initial Health Interview Questionnaire* (CBP Form 2500), or successor, for this health interview.
- 3. The health interview shall be conducted by medical personnel or by USBP agents, as appropriate and in the primary language preferred by the person in custody, using language interpretation services if needed.
- 4. Health interviews will be conducted as expeditiously as possible upon arrival at a facility, preferably prior to entering the holding area of a facility.

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5. The health interview shall be documented in the e3 system or another approved system of record in accordance with relevant privacy considerations.
6. During the health interview, USBP agents or medical personnel shall identify juveniles who are tender age (12 and under), and anyone with an illness, injury, or other medical issue to be referred for a medical assessment.
7. Guided by the health intake interview, USBP agents or medical personnel will make the appropriate disposition, based on the circumstances (e.g. USBP agents or medical personnel may activate 911/EMS; refer/transport to local health system; or refer to onsite medical provider for further evaluation/medical assessment).

C. MEDICAL ASSESSMENTS

1. Medical assessments will be conducted by USBP-contracted medical providers, where available. Medical assessments shall be conducted on, at a minimum, tender age juveniles, and anyone with a positive health interview or otherwise identified with injury, illness, or other medical issues.
2. Where contracted medical providers are not available, individuals in custody will be referred to the local health system or other available health care providers for a medical assessment, as appropriate.
3. Medical assessments shall include a detailed assessment for potential medical issues requiring further evaluation, including targeted history, physical exam, vital signs; review of systems; and disposition.
4. Medical assessments shall be conducted as expeditiously as possible upon arrival at a facility for processing, in accordance with other law enforcement requirements.
5. Medical assessments shall be documented in paper form or in CBP's Electronic Medical Record (EMR) system in accordance with relevant privacy considerations.
6. Following completion of medical assessments, for individuals identified as requiring additional medical evaluation or treatment, USBP agents shall make the appropriate disposition, based on the circumstances and medical recommendations (e.g. USBP and medical personnel may activate 911/EMS; refer/transport to local health system; or conduct medical encounter/treatment onsite).

D. ONSITE MEDICAL TREATMENT

1. All medical contract provisions will be specified in the SOW and will, at minimum, include the following requirements.
2. At identified medical priority locations, USBP contracted medical personnel shall be onsite and able to provide evaluation and treatment for basic

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medical issues identified both upon initial intake assessment and throughout time in custody.

3. Medical encounters shall be documented in paper form or in CBP's EMR system (under development) subject to relevant privacy considerations.
4. Contracted medical personnel shall have a low threshold for referral to the local health system for complex, urgent, emergent, or other medical issues as appropriate.

E. FOLLOW-UP CARE

1. USBP contract medical personnel at medical priority facilities shall provide follow up care after referral to a local health system or hospitalization, as appropriate. This care shall include enhanced medical monitoring as appropriate in accordance with SOP V.

F. PH/ID SUPPORT

1. USBP contracted medical personnel shall provide support to early identification, treatment, isolation, referral, infection control, and public health support for infectious diseases in USBP facilities in accordance with SOP VIII.

G. MEDICAL SUMMARY

1. USBP contracted medical personnel shall provide a medical summary as appropriate for persons with medical issues identified or addressed during custody to accompany the person in custody upon travel, transfer, or release.

H. Medical Support Construct

1. USBP enhanced medical support will utilize a family medicine model with medical teams at medical priority facilities consisting of advanced practice providers and medical assistants providing the above medical support capabilities.
2. Advanced practice providers will be licensed and credentialed to provide assessment and care for the population in USBP custody, to include juveniles, pregnant women, and adults.
3. USBP contract medical personnel shall include Physician Supervisors assigned regionally to provide medical direction, consultation, oversight, and MQM of advanced practice providers.

III. MEDICAL SUPPORT FOR JUVENILES

- A. USBP recognizes the unique challenges of providing medical support to juveniles in custody.

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- B. Medical support for juveniles shall be an integral element of USBP medical support efforts and is integral to the overarching USBP medical support construct.
- C. USBP shall continue to consult broadly with internal and external pediatric subject matter experts, including USG pediatric experts.
- D. USBP contracted medical support personnel shall be licensed and credentialed to provide assessment and treatment for the population in custody, to include juveniles.
- E. PEDIATRIC ADVISORS
 - 1. USBP shall contract board-certified pediatricians to serve as contracted Pediatric Advisors to enhance CBP medical support for juveniles in custody.
 - 2. Pediatric Advisors will be assigned regionally based on operational risk management considerations. Every USBP sector shall have access to a Pediatric Advisor for consultation.
- F. ROLES AND RESPONSIBILITIES OF PEDIATRIC ADVISORS

Pediatric Advisors will:

 - 1. Advise on ongoing medical protocol development and refinement for juveniles in USBP custody.
 - 2. Provide consultation support to medical staff for complex juvenile medical cases.
 - 3. Develop and conduct juvenile focused in-service training and ongoing professional development for CBP contract medical staff.
 - 4. Contribute to MQM efforts through juvenile chart review and Ongoing Professional Practice Evaluation (OPPE).
 - 5. Monitor juvenile referral practices and patterns and coordinate with medical providers and local health system to optimize juvenile referral practices.
 - i. Work with USBP, contract medical teams, and local health systems to establish primary referral sites with pediatric expertise and referral agreements as appropriate.

IV. IDENTIFICATION AND NOTIFICATION OF MEDICAL ISSUES

- A. USBP's approach to identification and notification of medical issues shall be based on a multi-pronged, layered approach, with no single point of failure.
 - 1. Agents shall notify persons in custody that they have a right to medical treatment, and encourage individuals in custody to self-refer or to refer family members or companions for medical care.

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2. Agents will observe, recognize, and respond to urgent medical issues present in persons in custody that require activation of 911/EMS or transport to the local health system.
3. Agents certified as EMTs may provide support to initial identification of medical issues, triage, stabilization, referral, or transport, as appropriate.
4. Contracted security guards shall receive an orientation informing them that they should refer persons in custody with medical concerns to an agent or medical personnel.
5. Agents shall refer persons in custody with medical concerns to contracted medical staff or the local health system, as appropriate.
6. Agents shall conduct regular welfare checks on persons in custody as defined in CBP and USBP policy. These checks shall include observation for apparent medical concerns.
7. Contract medical personnel shall maintain visibility on medical issues within the population in custody and be prepared to engage on medical issues, as appropriate.
8. USBP shall conduct Enhanced Medical Monitoring (SOP X) on persons identified as having ongoing medical issues of concern.

V. Enhanced Medical Monitoring

- A. At medical priority facilities, USBP shall ensure follow-up care, including enhanced medical monitoring of persons in custody identified with significant medical issues or concerns, with an emphasis on potential at-risk populations such as juveniles.
 1. USBP shall make reasonable efforts to limit holding persons with ongoing medical issues at facilities without onsite medical support.
- B. Medical personnel shall tailor the timing and scope of enhanced medical monitoring to the individual clinical situation or circumstance, in accordance with direction below.
- C. Enhanced medical monitoring shall consist of, at a minimum, symptom check and vital signs as appropriate by medical personnel.
- D. Enhanced medical monitoring shall occur, at a minimum, every 4 hours.
- E. Enhanced medical monitoring shall include a determination of the appropriate medical monitoring requirements after referral to or discharge from the local health system.
- F. Enhanced medical monitoring shall include tracking of persons subject to enhanced medical monitoring and turnover between shifts or rotation of providers.

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- G. Enhanced medical monitoring shall be documented as appropriate in paper form or in CBP's EMR system in accordance with relevant privacy considerations.
- H. Enhanced medical monitoring shall identify persons in custody whose condition is deteriorating or who are not making expected progress. Medical personnel will promptly notify or refer such persons to physician supervisors, pediatric advisors, or the local health system, as appropriate.

VI. Medication Review

- A. USBP places a priority on ensuring safe access to appropriate medication for persons in custody.
- B. Upon initial processing during health intake interview or medical assessment, persons in custody will be assessed for current medication needs.
- C. If a person has medication with them, USBP will ensure it is assessed to determine validity, currency, safety, and appropriateness. If the medication is deemed appropriate, it may be dispensed in a controlled manner.
- D. If there is any question about appropriateness of the medication, the person will be evaluated by medical personnel onsite or referred to the local health system as expeditiously as possible to evaluate medication requirements.
- E. If medication is required, a prescription will be obtained from onsite medical personnel or the local health system and filled by USBP.
- F. Medications shall be held by USBP (for safety and security reasons per standard law enforcement practice) and dispensed in a controlled manner consistent with prescription instructions.
- G. Persons in custody shall be provided a supply of medication or a prescription as appropriate upon transfer or release and instructions regarding use of the medication.

VII. Medical Quality Management (MQM) – USBP shall participate fully in the CBP MQM program, which shall include:

- A. CONTRACTOR CONTROLS AND REVIEW
 - 1. Contractor personnel conduct and review internal MQM efforts.
- B. CONTRACT MONITORING CONTROLS AND REVIEW
 - 1. COR and TOMs shall monitor and review compliance with contractual MQM requirements.
- C. MEDICAL CONTROLS AND REVIEW

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1. CBP CMO shall provide medical direction and oversight of MQM efforts.
 2. CBP CMO shall coordinate with the DHS Office of the Chief Human Capital Officer (OCHCO) and DHS CMO for support to MQM efforts.
- D. CBP MQM program shall be compliant with the DHS MQM Directive.
- E. The CBP CMO shall coordinate with CBP Management Inspections Division (MID) and the CBP Juvenile Coordinator to include agency medical support efforts in ongoing monitoring and compliance activities (SOP X).
- F. MQM ELEMENTS:
1. Licensing and Credentials Review;
 2. Professional Practice Evaluation (PPE)
 3. Chart reviews;
 4. In-service reviews;
 5. Continuing Medical Education;
 6. Quality Assurance/Process Improvement programs; and
 7. Sentinel Event reviews.
- G. SENTINEL/ADVERSE EVENT REVIEW
1. Medical review of significant (sentinel) adverse medical events such as death or near-death in custody shall be an integral element of the MQM program.
 - i. DHS CMO may review findings of CBP sentinel event reviews.
 - ii. CBP may seek external medical review of deaths in USBP custody if CBP CMO and DHS CMO, or CBP leadership, request such review.
 - iii. USBP will cooperate with all reviews or investigations of deaths in custody, such as by CBP's Office of Professional Responsibility (OPR) and DHS's Office of the Inspector General (OIG), and applicable federal, state, and local authorities, as appropriate (SOP X).
- H. PHYSICIAN SUPERVISORS
1. USBP contracted Physician Supervisors will play an integral role in the CBP MQM program through medical direction/oversight, ongoing chart review, PPE, sentinel event review, and in-service programs.
- I. PEDIATRIC ADVISORS
1. USBP contracted Pediatric Advisors will play an integral role in the CBP MQM program, with a focus on care for juveniles, through pediatric medical direction, ongoing chart review, PPE, sentinel event review, and in-service programs.

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J. PATIENT SAFETY/QUALITY MANAGERS

1. USBP contracted Patient Safety/Quality Managers will support internal administration of the MQM program and provide coordination and documentation of MQM program efforts.
- K. USBP shall continue to expand and enhance support to the CBP MQM program in concert with the expansion and enhancement of its medical support efforts.

VIII. Public Health (PH)/Infectious Disease (ID) Management

- A. USBP will conduct robust PH/ID management efforts for persons in custody and its workforce.
- B. CBP CMO shall provide medical direction and oversight of USBP PH/ID management efforts.
- C. USBP, with CBP CMO, shall continue to consult with partners and stakeholders, including DHS, DHS Countering Weapons of Mass Destruction (CWMD)/CMO, HHS, CDC, and state and local health officials, as appropriate, for effective integration of disease surveillance and to address PH/ID issues in its facilities.
- D. USBP, with CBP CMO, shall continue to refine, update, and enhance protocols regarding PH/ID events in its facilities.
- E. USBP shall emphasize early identification and evaluation for PH/ID issues in persons in custody.
- F. ID cases shall be assessed and treated onsite (where contracted medical support personnel are available) or referred to the local health system as appropriate.
- G. USBP shall take action to address isolation/cohorting/quarantine considerations for persons in custody, as appropriate, in consultation with state/local and CDC health officials, as well as the CBP CMO.
- H. USBP, with CBP CMO, shall continue to refine, update, and enhance protocols specific for enhanced flu control measures, emphasizing early identification, appropriate infection control measures, hygiene/sanitation, isolation/quarantine, onsite rapid diagnosis, onsite treatment with antiviral medication, antiviral prophylaxis, referral for complex/urgent cases, enhanced medical monitoring, and disease surveillance.
- I. REPORTABLE DISEASES
1. USBP shall ensure reporting of reportable diseases diagnosed in its custody to state/local and CDC health officials as appropriate.
- J. INFECTIOUS DISEASE SURVEILLANCE

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1. At medical priority facilities, USBP shall track incidents of infectious disease (e.g. flu, varicella, tuberculosis) in persons in custody and provide weekly infectious disease summary reporting to CBP CMO and CBP leadership for notification to DHS HQ, CWMD/CMO, and other stakeholders as appropriate.
2. USBP, with the CBP CMO, shall provide immediate, spot reports of significant, unusual, or alarming incidents or trends related to infectious disease.

IX. Medical Documentation, Communication, and Continuity of Care

- A. USBP shall ensure appropriate documentation of medical information is captured in paper form or in the CBP EMR system (under development) in accordance with privacy requirements.
- B. USBP shall ensure appropriate medical documentation from emergency room or hospital visits is shared or transferred with appropriate parties as persons are transferred or released from custody.
- C. USBP shall provide appropriate medical summary documentation of care provided while in USBP custody to appropriate parties as part of the transfer or release process.
- D. USBP shall continue to work with established systems and contractors to develop EMR functionality, to include interoperability with the Unified Immigration Portal (UIP), in conjunction with broader DHS and USG efforts.
- E. REPORTING
 1. USBP will develop and provide regular summary reporting regarding its medical support efforts to the CBP CMO and CBP leadership for sharing, via the UIP, with DHS HQ, CWMD/CMO, DHS OCHCO, and other stakeholders as appropriate. These efforts include:
 - i. Summary reports of USBP MQM program efforts;
 - ii. Summary tracking of USBP medical encounters (health intake interviews, medical assessments, medical encounters, hospital referrals, hospital admissions, deaths in custody); and
 - iii. Summary and spot reports regarding ID issues (SOP VIII).

X. Surge and Crisis-level Medical Support

- A. USBP will include surge and crisis-level medical support considerations in contingency planning efforts and in the development of additional enhanced medical support capabilities.

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- B. USBP, with the CBP CMO, will work with DHS HQ, CWMD/CMO, and other stakeholders and working groups to coordinate surge and crisis-level medical support requirements and efforts.
- C. CBP will maintain contracted medical support at medical priority locations with ability to flex and surge within sectors as available, as well as some ability to flex/surge across sectors.
- D. SURGE OPERATIONS
 - 1. While defining specific criteria for when a medical surge develops is dependent on a number of fluctuating variables, significant considerations would include:
 - i. Operational conditions resulting in incremental increases in: daily apprehensions, number of persons in custody, shift in demographics, and time in custody
 - ii. Potential for increased medical risk
 - iii. Requirement for intra-sector/neighboring sector response efforts.
 - 2. For surge medical support, USBP shall utilize contracted medical support personnel to flex/surge staffing within the sector and across stations as operationally appropriate.
 - 3. USBP may utilize additional EMT certified agents in medical support efforts as operationally appropriate.
 - 4. Surge medical support efforts may include establishment of additional medical priority facilities, such as at temporary/soft-side facilities via contracted medical personnel.
 - 5. USBP, with the CBP CMO, will maintain situational awareness regarding potential medical risk/threats.
 - 6. CBP CMO will notify DHS HQ, DHS CMO, and other stakeholders as appropriate of potential increased medical risk/threats during medical surge operations.
- E. CRISIS OPERATIONS
 - 1. While defining specific criteria for medical crisis support is dependent on a number of fluctuating variables, significant considerations would include:
 - i. Operational conditions resulting in substantial increases in: daily apprehensions, number of persons in custody, shift in demographics, and time in custody
 - ii. Presence of increased medical risk

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- iii. Requirement for national level USBP/CBP/or interagency response efforts
- 2. USBP, with the CBP CMO, shall work with DHS HQ, CWMD/CMO, and other stakeholders and working groups to determine criteria and metrics for determination of a public health crisis at the border.
- 3. USBP will utilize flex and surge contracted medical support within and across sectors to the greatest extent possible for medical crisis support.
- 4. USBP may surge USBP or request CBP personnel, including CBP EMTs as appropriate, to critical locations to support crisis operations.
- 5. USBP may establish additional temporary/soft-sided facilities, with appropriate medical support, to support crisis operations.
- 6. USBP will make every effort to expedite transfer of persons in custody, in particular at-risk persons and/or persons with medical issues to ICE or HHS to support crisis operations.
- 7. USBP will request interagency crisis medical team support at critical locations as appropriate.
- 8. USBP, with the CBP CMO, will provide reports and updates regarding overall conditions and medical situation to CBP and DHS leadership, including CWMD/CMO, to inform decisions regarding potential public health crisis risk.
- 9. USBP, with the CBP CMO, will work with the DHS CMO and other stakeholders and working groups to identify crisis vaccination-related requirements as part of the USG immigration care continuum.
- 10. USBP, with CBP CMO, will develop additional Requests for Assistance (RFA) from DHS, HHS, and other USG partners as appropriate to the circumstances (for example: USG Convalescent Care Centers)
- F. USBP, with the CBP CMO, will maintain situational awareness of unique medical risks or threats.
- G. CBP will notify DHS HQ, DHS CMO, and other stakeholders of increased medical risks or threats during crisis operations.

XI. MEDICAL MONITORING, COMPLIANCE, REVIEW, AND METRICS

- A. USBP shall work with relevant CBP offices, including the CBP CMO, to ensure robust and multi-pronged monitoring, compliance, and review of its medical support efforts.
- B. The CBP CMO shall conduct medical direction and oversight of CBP's medical support efforts.

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- C. USBP shall support a robust CBP MQM program (SOP VII).
- D. COR and TOMs shall monitor and review compliance with contractual medical support requirements.
- E. USBP, with the CBP CMO shall work with CBP Management Inspections Division (MID) and the CBP Juvenile Coordinator to incorporate medical monitoring and compliance into ongoing review efforts.
 - 1. CBP monitoring and compliance efforts may include, but are not limited to, site visits, checklists, interviews of CBP personnel and persons in custody, and relevant document review to monitor medical efforts.
- F. Metrics to guide medical monitoring and compliance assessment will include:
 - 1. Encounter metrics: (including age and diagnosis/disposition as appropriate)
 - i. Number of persons apprehended and in custody;
 - ii. Number/percentage of persons with Health Intake Interview;
 - iii. Number/percentage of persons with Medical Assessment;
 - iv. Number/percentage of persons with Medical Encounter;
 - v. Number/percentage of persons referred to local health system;
 - vi. Number/percentage of persons admitted to hospital; and
 - vii. Number of deaths in custody.
 - 2. Observation and Document Review Metrics:
 - i. Presence of medical support on site;
 - ii. Health intake interviews, Medical Assessments, Medical Encounters being conducted;
 - iii. Medication reviews being conducted; medications provided;
 - iv. Enhanced medical monitoring being conducted; and
 - v. Medical documentation being conducted.
 - 3. Interview Metrics: (based on interviews of persons in custody)
 - i. Perception of access to medical support;
 - ii. Perception of quality of medical support;
 - iii. Personal experience with medical support; and
 - iv. Issues/concerns regarding medical support.
- G. Death in Custody review or investigation.

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1. Medical review of deaths in custody will be an integral component of the CBP MQM program (SOP XII).
2. In addition, USBP will cooperate with all reviews or investigations of deaths in custody by CBP OPR and DHS OIG, as well as other applicable federal, state, or local authorities, as appropriate.
 - i. CBP CMO shall participate on the CBP Death in Custody Working Group.
 - ii. CBP CMO may participate in CBP OPR reviews, providing medical perspective and expertise as appropriate.
 - iii. DHS CMO may review findings of CBP OPR/CBP CMO reviews of deaths in USBP custody.
 - iv. CBP may seek external review of deaths in USBP custody if CBP CMO and DHS CMO, or CBP or DHS leadership, request such review.
 - v. USBP will cooperate with all other reviews of deaths in custody.